

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 028000002		CITY OR TOWN	DEVENS	
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME:	DEVENS COMM	ON CONFERENCE	E CENTER, LLC		
DOING BUSINESS	A				
ADDRESS 31 AND	REWS PARKWAY				
CITY/TOWN: DEV	VENS	STATE: MA	ZIP CODE:	01433	
MANAGER: PEE	LER, MAURA TY	PE OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
DESCRIPTION OF		VEBSITE AND ENTER YOUR ISES:	EMAIL ADDRESS		
I hereby certify and s	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	f the same type for the	e same premises now	licensed;	
	=		nmonwealth relating to	o taxes; and	
3. the premi	ses are now open for	r business (If not exp	olain below)		
SIGNED BY	Individual, Partne	r or Authorized Cor	oorate Officer		
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
Acts of 2004, signed	d by the building ir	spector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: [ain)				
· · · · · · · · · · · · · · · · · · ·	·· <i>,</i>				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	028000003		CITY OR TOWN	DEVENS	
APPLICATION FOR I	RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	DEVENS GOLF C	OURSE LP .			
DOING BUSINESS A	RED TAIL GOLF	COURSE			
ADDRESS 15 BUGLE	E ROAD				
CITY/TOWN: DEVE	INS	STATE: MA	ZIP CODE:	01432	
MANAGER: POUTI M.	RY, DAVID TYF	E OF LICENSE: Clu	b C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		BSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
2. the licensee	l license will be of that complied with	of perjury that: he same type for the all laws of the Comm business (If not expla	nonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:					NOVA NA POED
DITTE.	TELEPHON	E NUMBER:			TON NUMBER: ecurity Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building ins	pector and the head	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:	7		By:		
(If disapproved explain	n)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028000004	CI	TY OR TOWN DEVENS		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS	YEAR		
LICENSEE NAME: JEG LLC				
DOING BUSINESS A DEVENS GR	RILL			
ADDRESS 4 RYANS WAY				
CITY/TOWN: DEVENS	STATE: MA	ZIP CODE: 01434		
MANAGER: GAILEY, JOHN	TYPE OF LICENSE: Restaur	rant CATEGORY: All Alcoho	1	
EMAIL ADDRESS:				
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PRI	EMISES:			
SINGLE STORY WOODEN STRUC				
EXITS, RESTROOMS, STORAGE, SEATING TOTAL 186	OFFICE, DINING, SMALL	LOUNGE. PATIO, KITCHEN		
I hereby certify and swear under pena				
	be of the same type for the same	•		
<u>*</u>	with all laws of the Commony	•		
3. the premises are now open	n for business (If not explain b	pelow)		
SIGNED BY Individual, Pa	rtner or Authorized Corporate	e Officer		
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	IFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)		
We the undersigned, attest that we	e are in possession (1) the ce	rtificate required by Chapter 304 of the	<u>.</u>	
Acts of 2004, signed by the buildin	g inspector and the head of	the fire department for the above		
named license and (2) the certifica of 2010.	te of liquor liability insuran	ce required by Chapter 116 of the Acts		
Please Check Below:	•			
APPROVED:		OCAL LICENSING AUTHORITY		
DISAPPROVED:	В	By:		
(If disapproved explain)	_			
·	_			
	-			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 028000005		CI	TY OR TOW	N DEVENS		
APPLICATION FO	OR RENEWAL:	Annual		LICI	LICENSED FOR 2013		
		CLAS	SS			YEAR	
DOING BUSINES	E: DEVENS HOSPI S A SPRINGHILL S DREWS PARKWAY	UITES BY MA	ARRIOTT				
CITY/TOWN: DE		STATE:	MA	ZIP CODE:	01434		
	ELER, MAURA TY			al on	CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS	S:						
DESCRIPTION OI	PLEASE ALSO VISIT OUR V F LICENSED PREM		YOUR EMAIL	ADDRESS			
 the rene the licer 	I swear under penaltie wed license will be o nsee has complied wit nises are now open fo	f the same type h all laws of the r business (If no	for the san e Common ot explain	wealth relatin below)			
	maividuai, Partiis	er of Authorized	i Corporau	Conicer			
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT		
Acts of 2004, sign	ned, attest that we are ed by the building in d (2) the certificate (nspector and th	ne head of	the fire depa	rtment for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 			LOCAL LICE By:	NSING AUTH	ORITY	
DATE:			-				

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	028000006	CITYC	DR TOWN DEVENS	
APPLICATION FOR	RENEWAL: Ann	nual	LICENSED FOR 2	2013
	CL	ASS		YEAR
LICENSEE NAME:	DEVENS INN LLC			
DOING BUSINESS A	DEVENS HILTON GARDEN	N INN		
ADDRESS 59 ANREV	WS PARKWAY			
CITY/TOWN: DEVE	ENS STATE	: MA ZIP	CODE: 01432	
MANAGER: MEHL	MANN, JON TYPE OF LICE	NSE:Innholder	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PI	EASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRE	ESS	<u> </u>
DESCRIPTION OF L	ICENSED PREMISES:			
118 ROOM HILTON	GARDEN INN HOTEL WITH	FULL SERVICE	RESTAURANT	
I hereby certify and sw	rear under penalties of perjury the	hat:		
	d license will be of the same typ			
	has complied with all laws of t			
3. the premise	s are now open for business (If	not explain below	7)	
SIGNED BY				
	Individual, Partner or Authoriz	ed Corporate Offi	cer	
			_	
D.A.EE				
DATE:	TELEPHONE NUMBER		EMPLOYER IDENTIFICA ote: NOT Individual Social	
		(14)	sie. NOI individual social	Security Number)
	attest that we are in possession			
	by the building inspector and) the certificate of liquor liabi			
of 2010.	,	·		
Please Check Below:		LOCA	AL LICENSING AUTH	IORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain	1)			
DATE:				
D111D.				

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